

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Confirmation No.: 9740

Claes WALLEN

Date: June 8, 2009

Serial No.: 10/520,724

Group Art Unit: 3767

Filed: April 15, 2005

Examiner: Elizabeth Macneill

For: DEVICE FOR INJECTING MEDICAL SUBSTANCES

VIA EFS-WEB

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT/SUBMISSION

Sir:

This is a response to the Office Action mailed March 9, 2009 in the above-identified application. Reconsideration of the application is respectfully requested.

FEE CALCULATION

Any additional fee required has been calculated as follows:

____ If checked, "Small Entity" status is claimed.

	No. Claims After Amendment		Highest No. Previously Paid For		Extra Present		Rate	ADDIT. FEE
TOTAL	9	MINUS	20	* =	0	X	(\$26 SE or \$52)	\$ 0.00
INDEP	3	MINUS	3	** =	0	X	(\$110 SE or \$220)	\$ 0.00
First Presentation of Multiple Dependent Claim						X	(\$195 SE or \$390)	\$ 0.00
* not less than 20 ** not less than 3							TOTAL	\$ 0.00

If any additional payment is required, a check which includes the calculated fee of \$
(Our Check No. _____) is attached.

In the event the actual fee is greater than the payment submitted or is inadvertently not enclosed or if any additional fee during the prosecution of this application is not paid, the Patent Office is authorized to charge the underpayment to Deposit Account No. 15-0700.

SUMMARY OF AMENDMENTS

1. ____ If checked, an abstract (an amended abstract) is submitted herewith.
2. X If checked, amendment(s) to the drawings are submitted herewith.
3. X If checked, amendment(s) to the specification are submitted herewith.
4. X If checked, amendment(s) to the claims are submitted herewith.